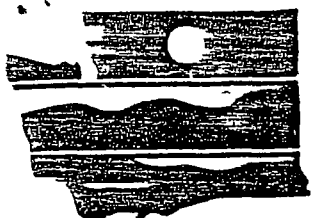


S. F. No. 7356—OS—(Rev. 4-71).



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

33261

SOI

Unique Well Tag No: _____

AGA 789

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name USELESS BAY SHORES Last Name _____
W.S
 Street Address _____
 City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address NEXT TO (SOUTH OF) 6369 BAYVIEW Rd
 City _____ County _____
 T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____
 Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

8" CASING INSIDE CINDER BL ~~BL~~ STRUCTURE (~4'x3'x3')
FLAT
WOOD TOP LARGE RES ADJACENT. ACCESS BY LONG
DIRT ROAD W/CHAIN

Location of Well Identification Tag

CAOM

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

C	B	A
F	G	H
L	K	J
P	Q	R

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt